

**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this correspondence is being transmitted to Group Art Unit 2834, 703-872-9318, addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: July 29, 2003

Sonia V. McVean

**FAX RECEIVED**

JUL 29 2003

TECHNOLOGY CENTER 2800

**PATENT  
36856.472****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Hajime KANDOU et al.	Art Unit: 2834
Serial No.: 09/840,359	Examiner: K. Addison
Filed: April 23, 2001	
Title: SURFACE ACOUSTIC WAVE DEVICE	

**PETITION FOR EXTENSION OF TIME**

Commissioner for Trademarks  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In accordance with 37 C.F.R. § 1.136(a), Applicants hereby petition for a three-month extension of time to respond to the outstanding Office Action dated January 29, 2003, or until July 29, 2003.

Enclosed is a Credit Card Payment form for \$930.00 to pay the three-month extension fee in accordance with Rule 1.17(a)(1).

The Commissioner of Patents is authorized to charge any amount due, or credit any overpayment, to Deposit Account No. 50-1353.

Dated: July 29, 2003

Respectfully submitted,

  
Attorneys for Applicant(s)

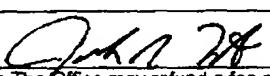
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Registration No. 37,368

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**UNITED STATES PATENT & TRADEMARK OFFICE**  
**Credit Card Payment Form**  
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Credit Card Information			
<b>Credit Card Type:</b>	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input checked="" type="checkbox"/> American Express <input type="checkbox"/> Discover
Credit Card Account #: 3715 318560 14001			
Credit Card Expiration Date: 05/2006			
Name as it Appears on Credit Card: Joseph R. Keating			
Payment Amount: \$ (US Dollars): \$930.00			
Signature: 		Date: July 29, 2003	
<b>Refund Policy:</b> The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The Office will not refund amounts of twenty-five dollars or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR 1.26). Refund of a fee paid by credit card will be via credit to the credit card account.			
<b>Service Charge:</b> There is a 50.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21 (m)).			
Credit Card Billing Address			
Street Address1: 1733-A South Hayes Street			
Street Address2:			
City: Arlington			
State: VA		Zip/Postal Code: 22202	
Country: U.S.A.			
Daytime Phone #: (703) 385-5200		Fax #: (703) 385-5080	
Request and Payment Information			
Description of Request and Payment Information: <b>Patent Fee for Three-Month Extension of Time</b>			
Patent Fee	Patent Maintenance Fee	Trademark Fee	Other Fee
Application No. 09/840,359	Application No.	Serial No.	IDON Customer No.
Patent No.	Patent No.	Registration No.	
Attorney Docket No. 36856.472		Identify or Describe Mark	

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